LEGISLATIVE	LEGISI ATIVE DESCRIBE Page 1 of
For New Members, Candidates, and New Employees	18 FEB -7 PM 1: 34
Name: Margarita Ruiz Johnson Daytime Telephone:	Concernatives
New Member of or Candidate for State: 72425  U.S. House of Representatives District: 22  Check if Amendment (Office Use Only)	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to \( \) \	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing?      b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?      E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Marganita Luiz Johuson Page /

Use additional sheets if more space is required.	USAA TRA MS	USAR ITRA PJ	ABC Hedge Fund X	Examples:	SP, EJF DC, Mega Corp Stock	s that of your spouse (SP) XC), or jointly held with anyone (J xmn on the far left.  ussion of Schedule A requiremen instruction booklet.	investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or	If unit have a privately-traded find that is an Excepted	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, lotal the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Tor all IFAs and other retirement plans (such as		Assets and/or income Sources	BLOCK A
	*	×	×	Indefinite	×	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$5,000,00 \$25,000,001-\$5,000,00 \$25,000,001-\$5,000,00 \$25,000,001-\$50,000	000	,0000*	Unde	2 100	2,000	-		child in which you have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	BLOCK B
	×	*	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEO/BLIND TAX-DEFERRED Other Type of Income		e.g.,	Partnership Inco	me or Farm Inco	me)			None: if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate fax-defeired income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Defeired" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Type of Income	BLOCK C
			×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$1,000,000 \$1-\$200 \$201-\$1,000	000 vver \$1,000			~ 100	2,00		Current Year Preceding Year		Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other say assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  If Check "None" if no income was earned or generated.  If Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Morganita Ruiz

Johnson

Page 2

Frust Bank (Joint) TSC Ld CU (Jont) TSC Ld CU (Jont) Thurst Bank (Husbar Hando wood, Tx (Nunka) Home Horsey Damord	Assets
ASSET NAME  La Cu (John)  La Cu (John)  Barnow Lang  May Damaged  New Damaged	ets
A AMERICAN STATE OF THE STATE O	BLOCK A Assets and/or income Sources
	me Sourc
	8
None >	
\$1-\$1,000 &	
\$1,001-\$15,000 C	
\$50,001-\$100,000 m	_
\$100,001-\$250,000	/alu
\$250,001.\$500,000 G	BLOCK B
\$500,001.\$1,000,000 =	BLOCK B Value of Asset
\$1,000,001-\$5,000,000 —	set
\$5,000,001-\$25,000,000 -	
\$25,000,001-\$50,000,000	
Over \$50,000,000	
Spouse/DC Asset over \$1,000,000°    Spouse/DC Asset over \$1,000,000°     Spouse/DC Asset over \$1,000,000°     Spouse/DC Asset over \$1,000,000°    Spouse/DC Asset over \$1,000,000°   Spouse/DC	
NONE	
DIMIDENDS	
RENT	-
INTEREST	ype _
CAPITAL GAINS	BLOCK C
EXCEPTED/BLIND TRUST	nc o
TAX-DEFERRED	BLOCK C Type of Income
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•
None -	
\$1.\$200 =	
\$201.\$1,000 =	
\$1,001-\$2,500	
\$2,501-\$5,000 < C	
\$2,501-\$5,000 < Cure 15,001-\$15,000 ≤ St.001-\$15,000 ≤ St.001-\$15,000 ≤ St.001-\$15,000 ≤ St.001-\$100,000 ≦ St.001-\$100,000 ≤ St.001-\$100,	
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\$50,001.\$100,000	
\$100,001.41,000,000 🖂	*
\$1,000,001-\$5,000,000 ×	BLOCK D  Amount of Income
Over \$5,000,000 🔀	מא פּו
Spouse/DC Income over \$1,000,000° ≦	BLOCK D
None - \$1-\$200 ==	<b>5</b> 6
\$19,200 =	9
\$1,001.\$2,500	Φ
\$2,501-\$5,000 < CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	
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\$15,001-\$50,000 ≦ <u>a</u>	
\$50,001-\$100,000 \( \leq \frac{1}{9} \)	
\$100,001.41,000,000 👨 🚉	
\$1,000,001-\$5,000,000 ×	
Over \$5,000,000 ≥	
Spouse/DC Income over \$1,000,000*	

## SCHEDULE C - EARNED INCOME

Name: Marganith Kulz SE COURT Page

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

				Trust Bank (Joint)	JSC. Led Cull Unin (Seef)	JSC. Ted Credit Unin (Husbant Winde)	EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	
				Dividual	Dividendo	Dinduto	Spouse Speech Spouse Salary	Honorarium Salary	Туре	
				22.72	\$ 1138.68	\$1389.17	\$0 N/A	\$0 \$20,000	Current Year to Filing	Am
							\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

### SCHEDULE D - LIABILITIES

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting \*Column K is for liabilities held solely by your spouse or dependent child.

			·				SP, DC, JT		
ב ה		(	Mars	Tohomo	Tohose	Example			
			Marsarita huiz Johuwa		Johnson Space, Couler Jed	First Bank of Wilmington, DE	Creditor		
			2017	2017	2016	5/98	Date Liability Incurred MO/YR		
		-	Campaia bon	and for I see	buggen Al way thus	Mortgage on Rental Property, Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
				×	×		\$15,001- \$50,000	89	
	:						\$50,001- \$100,000	c	
						×	\$100,001- \$250,000	0	
							\$250,001- \$500,000	m	moun
							\$500,001- \$1,000,000	יוד	t of Li
							\$1,000,001- \$5,000,000	G	Amount of Liability
							\$5,000,001- \$25,000,000	<b>±</b>	
							\$25,000,001- \$50,000,000	_	
							Over \$50,000,000	٤	
							Over \$1,000,000* (Spouse/DC Liability)		

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	(	President (2018)	Position
		Margarita Ruiz Johnny Jon Congess, Lular 22 nd District	Name of Organization

## SC

SCHEDU	SCHEDULE F – AGREEMENTS	Name: Margarte Run Thuks Page 5 of 5
Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	Snow	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	

#### **CAMPAIGN NOTICE**

LEGISLATIVE RESOURCE CENTER

#### REGARDING FINANCIAL DISCLOSURE REQUERE

HUIEC 19

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

Dear Madam Clerk:

Indicate Your Status:

JAN 09 2018

(Select One)	L \$4,158.69
	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been
	provided to me by the Clerk.
	This is to notify you that under the laws of the state of,
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew
	from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): Marganiza Ruiz Thuson
	State: Texas District: 22nd
	Date: JAN 9, 2018

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)